

Ask



LOCAL HELP FOR PEOPLE WITH MEDICARE

SHIP

Q: I am planning to travel soon. What kind of coverage will I have with Medicare and my Medicare Advantage Plan while I am gone?

A: Will you be traveling within or outside of the U.S.? Generally speaking, Medicare doesn't cover health care if you are traveling outside the U.S.

Are you taking a cruise? One exception is that Medicare may pay for services that you get while on board a ship within the territorial waters adjoining the land areas of the U.S.

Medicare may cover medically-necessary ambulance transportation to a foreign hospital only with admission for medically-necessary covered inpatient hospital services. You pay 20% of the Medicare-approved amount, and the Part B deductible will apply.

You must pay your deductible for any Medicare Part B services and supplies before Medicare begins to pay its share. If a doctor, health care provider, or supplier does not accept assignment, the amount you pay may be higher.

If you are traveling within the United States, you pay what you would normally pay under Medicare Part A.

When it comes to Medicare Advantage Plans, every plan is different. Be sure to find out what your plan offers before you travel.

During the next Open Enrollment Period, October 15 –December 7, 2011, you might want to seek out a plan that works with your travel preferences. The Medicare Plan Finder Tool at www.medicare.gov is an excellent tool to help you compare plans.

To make sure you have the coverage you need while traveling, you might consider all of the types of Medicare Advantage Plans:

- **Health Maintenance Organization (HMO) Plans** cover all Medicare Part A and Part B services. Some HMOs cover extra benefits, like extra days in the hospital. In most HMOs, you can only go to doctors, specialists, or hospitals on the plan's list except in an emergency.
- **Preferred Provider Organization (PPO) Plans** are available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that

belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

- **Private Fee-for-Service (PFFS) Plans** allow you to go to any Medicare-approved doctor or hospital that agrees to treat you under the plan and that accepts the plan's payment terms. The plan decides how much you must pay for services.
- **Special Needs Plans (SNP)** provide more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.

Some Medigap policies offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.

Checking your health care policy should always be part of your pre-trip planning. For help on these and many other Medicare related issues, call SHIP for help at 1-800-452-4800, TTY 1-866-846-0139 or online at www.medicare.in.gov.